

Driver Number **203596**

ORIGINAL - Submit to carrier
DUPLICATE - Driver retain

051908
(MONTH) (DAY) (YEAR)

Driver's Initials **BL**

DRIVER'S DAILY LOG
(ONE CALENDAR DAY - 24 HOURS)
CN only: Cycle: 70 hr. / 7day

571
(TOTAL DRIVING MILES TODAY)

(CHECK IF MULTIDAY LOG)

Bruce A. Luebke **Bruce A. Luebke**
(DRIVER'S SIGNATURE IN FULL) I certify these entries are true and correct:

P **67655** / T **25906**
VEHICLE NUMBERS - (SHOW EACH UNIT)

571
(TOTAL TRUCK MILEAGE TODAY)

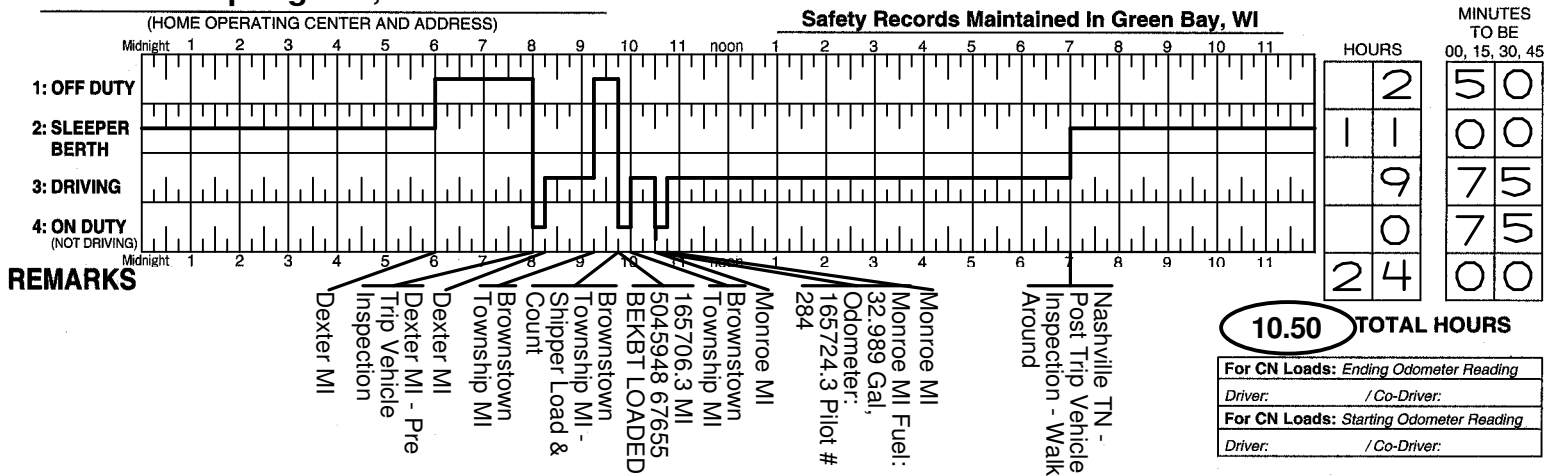
(END DATE)

(MONTH) (DAY) (YEAR)

T **26802** T/N/A T/N/A

(NAME OF CO-DRIVER)
Springfield, MO

Schneider National Carriers, Inc., Green Bay, WI



For CN Loads: Ending Odometer Reading	
Driver:	/ Co-Driver:
For CN Loads: Starting Odometer Reading	
Driver:	/ Co-Driver:

SHIPPER: **Solutia** COMMODITY: **Plastic Film** LOAD NO.: **5045948**

Each change of duty status must have a location in the "remarks" section. Use local time standard at home operating center.

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(MONTH) (DAY) (YEAR)

POST TRIP INSPECTION REPORT
(Equipment is checked in accordance with Schedule 1 of the National Safety Code Standard 13)

TRACTOR/TRAILER NO.: **67655 - 25906; 26802**

I detect no defect in this motor vehicle likely to affect safe operation or result in mechanical breakdown.
 I detect the following such defects - Describe in detail.

DRIVER'S NAME (PRINT): **Bruce A. Luebke** DRIVER'S SIGNATURE: *Bruce A. Luebke*

Above defects corrected
 Above defects need not be corrected

MECHANIC'S SIGNATURE: _____ DRIVER'S SIGNATURE: *Bruce A. Luebke* DATE: _____

Cut log sheet to this line.